

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: COMPOUND LIBRARIES AND METHODS FOR  
DRUG DISCOVERY

Attorney Docket Number:: 022132-001110US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 8

Total Drawing Sheets:: 8

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeff  
Middle Name::  
Family Name:: Blaney  
Name Suffix::  
City of Residence:: Piedmont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 130 Alta Avenue  
City of Mailing Address:: Piedmont  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Ian  
Middle Name::  
Family Name:: McDonald  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 4722 Shadwell Place  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 92130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Masaki  
Middle Name::  
Family Name:: Tomimoto  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 5325 Toscana Way, #642  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 92122

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application |                   | 60/462,638           | 04/11/03             |
| This Application |                   | 60/531,197           | 12/19/03             |

### **Foreign Priority Information**

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::